

Idaho State Board of Accountancy
PO Box 83720
Boise ID 83720-0002
Phone: (208) 334-2490 Fax: (208) 334-2615
E-Mail: isba@isba.idaho.gov
Web Site: isba.idaho.gov

LICENSED CPA VERIFICATION

Experience must be verified by a CPA who was licensed to engage in the practice of public accounting during the period of time your experience was obtained.

If the CPA was licensed in a jurisdiction other than Idaho, their license must be verified. The licensing authority in the other jurisdiction must complete this form where the CPA holds (or held, during the experience period) an active license to practice. You are advised to check with the jurisdiction before forwarding this form to determine if there is a fee or additional requirements need to be met before the information will be released.

SECTION A:

After completing Section A, submit this form for verification to the State Board of Accountancy where the CPA holds (or held, during the experience period) a license to practice public accounting.

Please type or print clearly:

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Applicant's Last Name	First Name	Middle Initial	Maiden Name
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LICENSED CPA INFORMATION

Name of CPA: _____

Jurisdiction where licensed: _____ License Number: _____

Name of Firm or Company: _____

Duration of Supervised Experience: From _____ to _____
Date Date

SECTION B:

To be completed by the Board of Accountancy where the above Certified Public Accountant is or was licensed to engage in the practice of public accounting. This form should be returned directly to the Idaho State Board of Accountancy at the address above.

By completing this form, I acknowledge that the CPA listed above was certified and held a license to engage in the practice of public accounting during the period(s) specified above:

I certify that _____, license number _____,

In the state of _____ held a license to engage in the practice of public accounting during the period(s) specified above.

Comments: _____

Board: _____

OFFICIAL BOARD SEAL Official Board Signature: _____

Title: _____

Date: _____